North Dakota Department of Emergency Services
Division of Homeland Security
PO Box 5511
Bismarck, ND 58506-5511
(701) 328-8100

Federal Fiscal Year 2009 Hazardous Materials Emergency Preparedness Planning Grant Application

| 1. Applicant (LEPC) Information: | | | |
|---|---------------------|--------------|-------------------------------------|
| Applicant: | | | |
| Address: | | _ | |
| City: | State: ND | Zip Cod | le: |
| 2. Contact Information: | | | |
| Name: | | | |
| Address: | | _ | |
| City: | State | : ND Z | Zip Code: |
| Telephone: (701) | | | |
| Cell: (701) | _ | | |
| Eav: (701) | | | |
| Fax: (701) | | | |
| Email: | | | |
| <u>Project Narrative</u> (Background, Impact of Efforts, Coordination of Planning): | f the Program, Tran | sportation I | Related Work, Time-Line, Monitoring |
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| <u>Title of Project</u> . | | |
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| Scope of Work (Proposed Activities): | | |
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| 4. Grant Request: | | |
| Detailed Planning Project Proposed Budget Description | | Cost Estimate |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | _ | |
| Total Cost Estimate | \$ | |
| Fodoral Crant Boquest (90%) | \$ | |
| Federal Grant Request (80%) Applicant Matching Requirement (20%) | \$ | |
| Applicant Matering Requirement (2070) | Ψ | |
| 5. Match Information Will the 20% Non-Federal Applicant Share requiremen ☐ In-Kind ☐ Cash ☐ Combin If the portion of the 20% Non-Federal Applicant Share the match will be achieved: | atio will | on of In-Kind and Match be In-Kind, please explain how |
| | | |
| | | |

Note: If your project is approved, you will be required to provide documentation to support in-kind match expenses when requesting reimbursement. In-kind match expenses must be verifiable.

6. Certification:

We, the undersigned, hereby certify

- the above grant request will be utilized in accordance with federal and state laws and regulations to provide planning assistance for the <u>county/tribal local emergency planning committee</u> on a 80-20 basis with non-federal resources;
- the above grant request does not supplant funds; and
- the LEPC has completed all EPCRA requirements.

| Signature of LEPC/TEPC Chairperson | Date | |
|------------------------------------|----------|--|
| Signature of Fiscal Authority | Date | |